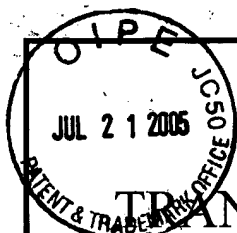
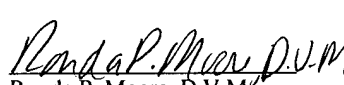
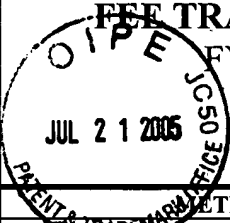
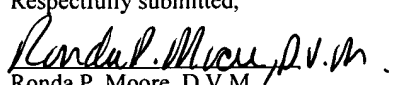


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IFW-4

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 TRANSMITTAL FORM	Application Serial Number	10/716,896
	Filing Date	November 17, 2003
	First Named Inventor	Biondi
	Group Art Unit	3743
	Examiner Name	Teena Mitchell
	Attorney Docket No.	CPC-006C2
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input checked="" type="checkbox"/> Check Attached in the amount of \$430.00 <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response (7 pgs.) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> One Month Petition for Extension of Time <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pgs.) <input checked="" type="checkbox"/> Form PTO-1449 (1 pg.) <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Revocation of Prior Powers of Attorney and Change of Correspondence Address (1 page) <input checked="" type="checkbox"/> Terminal Disclaimer (2 pages) <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 (1 page) <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175		Respectfully submitted,  Ronda P. Moore, D.V.M. Attorney for Applicants Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808

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